Animal Hospital of Mt. Pocono

570-839-8116

Boarding Reservation Form

Please complete and present this form at the time of boarding arrival.

Your name: _____

Your pet(s) name: _____

Dates of boarding needed: From:_____ to:_____

Dog: Cat:

Age and approximate wt: _____yrs _____lbs Age and approximate wt: _____yrs _____lbs

_____yrs _____lbs _____yrs _____lbs

Other type of pet: _____Species _____Age

Phone # (_____)_____ Cell# (_____)_____

Where you will be staying while way?_____

Phone # there (_____)_____ Best way to reach you there?_____

Emergency Contact #:(_____)_____

Any special needs or health considerations for your pet? _____Yes _____No

If yes, describe:_____

Medications: _____Yes _____No

If yes, list:_____

Does your pet require any special handling? _____Yes _____No

If yes, describe:_____

_____

I would like my pet to receive upgraded boarding care: _____Yes _____No _____Tell me more

I would like my pet to receive a discounted bath before returning home: _____Yes _____No

Any service requested while boarding? _____Nail trim _____Matts removed

_____Dr. to check:_____

_____Teeth cleaning _____Stool check for worms _____Heartworm test

_____Other_____

_____

Any products needed when you pick up your pet? _____Food _____Supplement

_____Flea and tick control _____Heartworm medication _____Medication

_____Other_____

_____